

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90150 041 \*\*\*\*61.25

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Chg-NP

<b>DOCUMENT # N99000006274</b> 1. Entity Name <b>BANYAN TRAILS PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1750 UNIVERSITY DR SUITE 205 CORAL SPRINGS, FL 33071</b>		Mailing Address <b>G/O SWIFT MANAGEMENT SOLUTIONS INC 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <b>21 SE 5th STREET</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Boca Raton, FL</b> Zip <b>33071</b>		3. Mailing Address <b>21 SE 5th STREET</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Boca Raton, FL</b> Zip <b>33071</b>	
Country <b>PAIM BEACH</b>		Country <b>PAIM BEACH</b>	
4. FEI Number <b>65-0958666</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWIFT MANAGEMENT 1750 UNIVERSITY DR SUITE 205 CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>MAHOGANY SERVICES INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 SE 5th STREET</b> Suite 100 City <b>Boca Raton, FL</b> Zip Code <b>33432</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Brenda Masbourn</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/7/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE PD NAME JONES, JOYCE STREET ADDRESS 4550 BANYAN TRAILS DRIVE CITY-ST-ZIP COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete		
TITLE VD NAME FLORA, JULIA STREET ADDRESS 4285 BANYAN TRAILS DRIVE CITY-ST-ZIP BOCA RATON, FL 33073	<input type="checkbox"/> Delete		
TITLE D NAME MILLER, ROBERT STREET ADDRESS 4126 OXBOW DR CITY-ST-ZIP COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete		
TITLE TD NAME DOCTOR, RICHARD STREET ADDRESS 4525 BANYAN TRAILS DRIVE CITY-ST-ZIP COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete		
TITLE D NAME ALBERTI, ROBERT STREET ADDRESS 3814 LAKEWOOD PLACE CITY-ST-ZIP COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete		
TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE PD NAME ROBERT MILLER STREET ADDRESS 4126 OXBOW DR CITY-ST-ZIP COCONUT CREEK FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE Secretary NAME JOYCE JONES STREET ADDRESS 4550 BANYAN TRAILS DR CITY-ST-ZIP COCONUT CREEK FL 33073	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert J Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/7/06</u> <u>561-997-6453</u> <small>Date Daytime Phone #</small>	